The Commonwealth Of Massachusetts

Town Of Mashpee

APPLICATION FOR PERMIT

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the statutes relating thereto, application for a permit is hereby made by:

NAME OF COMPANY:(Full name of company)				
OWNER'S NAME:(Please print)				
TO: Collect ar	nd transport ser	otage within the Tow	n of Mashpee authorized	
under Cha	apter 111, Secti	ion 31A of the Massa	achusetts General Laws	
(Address)	(City/State)		(Zip Code)	
(Mailing Address – if different)	(City/Sta	ite)	(Zip Code)	
(Home Phone)	(Business	s Phone)	(Fax)	
(Email Address)	(Social Security Number or Federal II		ral ID	
(Owner's Signature)		(Date)		
For Office Use Only				
Date:		Expiration Da	Expiration Date:	
Fee: \$100.00 per Truck		Registration #	Registration #:	
Permit #:		Sticker #:		